

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/796,828
 Filed: March 8, 2004
 Applicant: Mark David Schlachter
 Group Art Unit: 3751
 Confirmation No.: 2502
 Examiner: Unknown
 Title: **VEHICLE HOOD FUEL FILLER, FUEL FILLER PIPE
 AND OVERFLOW TRAY**

Cincinnati, Ohio 45202

February 28, 2005

Commissioner of Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL

1. ☒ Transmitted herewith is a Response to the restriction requirement of February 1, 2005.
2. ☒ This application is assigned to Dean's Dream, Ltd. by virtue of an earlier assignment filed in the provisional application (60/452,846) at Reel 013775 and Frame 0381.
3. ☐ Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 - ☐ Enclosed is a verified statement to establish Small Entity status
 - ☐ Other than a Small Entity
4. The fee has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | | SMALL ENTITY | | LG. ENTITY | |
|--|----------------------------|------------------|---------------|----------|----------------|---------|----------------|-----------|
| | Claims After Amendment: | Already Paid: | No. Extra: | Rate | Addit. Fee: | Rate: | Addit. Fee: | |
| TOTAL | 2 | MINUS 7 | = 0 | X \$100= | \$_____ | X \$200 | = | \$_____ |
| INDEP | 1 | MINUS 4 | = 0 | X \$25 = | \$_____ | X \$50 | = | \$_____ |
| First Presentation of Multiple Dep. Claim: | | | | | + \$130 = | \$_____ | + \$260 | = \$_____ |

Total Fee Due: \$ N/A

- ☒ **No additional fee for claims is required.**
5. ☐ Attached is a check in the sum of \$_____ for additional claims.
- ☐ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.
6. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Complete (a) or (b) as applicable.
- (a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| | Extension (months) | Large Entity Fee | Small Entity Fee |
|--------------------------|-----------------------|---------------------|---------------------|
| <input type="checkbox"/> | One Month | \$120.00 | \$60.00 |
| <input type="checkbox"/> | Two Months | \$450.00 | \$225.00 |
| <input type="checkbox"/> | Three Months | \$1,020.00 | \$510.00 |
| <input type="checkbox"/> | Four Months | \$1,590.00 | \$795.00 |

Extension fee due with this request \$_____.


If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid thereof of \$_____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$_____.
- OR**
- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
- ☒ **If any additional fee for claims or extension of time is required, charge Account No. 23-3000.**

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By: 
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